

HEALTH CARE ISSUES, COSTS AND ACCESS

**SOCIOLOGY OF
INTERPROFESSIONAL HEALTH
CARE PRACTICE**

CRITICAL REFLECTIONS AND CONCRETE SOLUTIONS

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PREFACE

As this important collection of papers makes clear interprofessional experiences in health and human services, encompassing education, learning, practice and care, need focal points in theory that promote research. Any approach to this task must involve a mix of health and human service professionals within and across the sectors of post-secondary education and service delivery.

Over the past 50 years it has become clear that there is an urgent need to develop a sound basis of scholarship for interprofessional experiences in health and human services. A need to examine the bases of these enterprises through various theoretical lenses provided by, for example, the fields of sociology, linguistics, philosophy, anthropology, economics, political science – each of which offer theories and experimental methods with which to explore the diversity of interprofessional experiences and from which a strong evidence base may be obtained. The sociological and psycho-social viewpoints expressed in this volume represent the first time a particular academic discipline has offered its unique view of the issues confronting the interprofessional experiences associated with health and human services.

Reviewed in this work are illustrations of how and why sociological ideas may be used to first develop models on which to base testable hypotheses of appropriate sociological theories, and second to show that data from tested hypotheses lend credence and acceptability to interprofessional experiences.

The chapters in this book set out to describe the reality of “being interprofessional” – rooted in a history of *perceived value* and the accumulation of *evidence based experience*. Thus, the authors develop an understanding of the complex relationships that obtain amongst and between perceptions of interprofessional experiences. This understanding is then used to develop models that allow measurement of change (the evidence base), as a function of collaborative and team-based experience. As yet, however, there is not a clear understanding of the impact of those changes as they are translated into practice.

Implicit throughout the papers is the rationale that if interprofessional experiences are not driven by theory it is difficult to know and measure what those experiences represent. The Law of Unintended Consequences then emerges i.e. findings derived from interprofessional experiences and understanding of their operational power remain moot, and a body of knowledge that might better inform interprofessional experiences does not develop and grow. Ergo, interprofessional experiences remains at the mercy of fashion and expediency. A sad lesson that has been learned from innumerable interprofessional demonstration projects in many countries is that good ideas about interprofessional experiences require explicit plans

for sustainability and evaluation metrics that clearly demonstrate their added value i.e. impact on the systems of education and health and human services.

The work represented in this book demonstrates that, if the fields of interprofessional experiences are to succeed, then they face a task familiar to all other similar movements whose work ranges from theory to practice; that is, they must develop a theoretical framework based on principles that are coherent, generalisable, transferable and of continuing applicability, a framework which can then be developed into principles of practice that are evidence based and systemically possible.

Interestingly this book, through its many authors, points to a troublesome irony, that is whereas societies spend large sums of money on *professional* education and practice (the infamous silos), they as yet spend almost nothing on interprofessional experiences, which by inference are assumed to be vital to assuring the highest quality of care. This irony needs to be addressed in studies that will continue the work presented here.

It is to be hoped that those who read this book will be strongly motivated to take the materials herein and use them to build a meaningful, measurable and sustainable environment of interprofessional experiences which may then lead to profound system change.

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Janice is currently Acting Director of the Monash University Department of Rural and Indigenous Health in Moe Victoria. Janice chairs the Board of a psychiatric disability support and recovery service, co-chairs the All Together Better Health 5 conference committee and is a board member of a large rural stand alone community health service. Janice's principal research area is rural mental health and wellbeing, especially research into non clinical mental health services. As a rural health academic she has broadened her career beyond mental health research to investigate rural workforce issues, interprofessional education and practice, theoretical and applied health education, rural health in general and Indigenous issues. Her teaching, research and publications highlight the connectedness of physical and mental health and stress the complexity and diversity of health care in rural places.

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Rosalie A. Boyce is the Principal Research Fellow within the Centre for Rural & Remote Area Health, University of Southern Queensland. She also has an appointment in the School of Health & Rehabilitation Sciences in her role as a joint program director on the Health Fusion Team Challenge. Rosalie's primary research interests are on the management and

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